

LO9000110563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

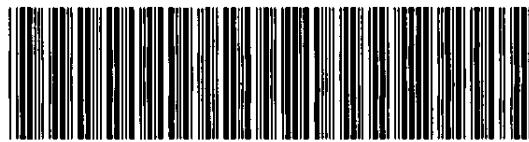
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 JUN 11 PM 2:36  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 23 2015  
T. LEMIEUX  
*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Injury Treatment Center Naples, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary Brown

Name of Person

Preferred Physician Management Services, Inc.

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**Firm/Company**

2295 NW Corporate Blvd. Suite 144

### Address

Boca Raton, FL 33431

City/State and Zip Code

accounting@ppmsinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carissa Maulini at (561) 988-1022 ex. 1204  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

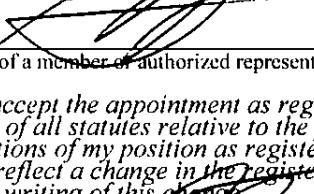
\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Injury Treatment Center Naples, LLC		
2. (a) 2171 Pine Ridge Road, Suite E	(b) 2295 NW Corporate Blvd. Suite 140		
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>		
Naples, FL 34109	Boca Raton, FL 33431		
3. Date of filing/registration in Florida	4. Document number		
11/16/09	L09000110563		
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <b>Robert J. Barnett</b>			
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>			
950 S. Pine Island Road # A150			
Plantation	33324		
	, FL		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			
Gary Brown / Preferred Physician Management Services, Inc.			
NEW Registered Office Address:			
2295 NW Corporate Blvd. Suite 144			
Boca Raton	33431		
	, FL		

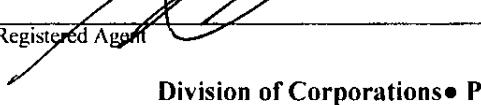
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

  
Gary Brown

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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